Health Service Executive KPI Guidelines 2013 Health and Wellbeing & Governance

Version History Version 1: (26 March 2013)



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Неа	alth and Wellbeing:	Immunisations and Vaccines
1	KPI Title	Percentage of children 12 months of age who have received three doses of vaccine against diphtheria (D3), pertuss (P3), tetanus (T3) Haemophilus influenza type b (Hib3), polio (Polio3), hepatitis B (HepB3) (6 in 1 vaccine).
2	KPI Description	Total number and percentage of children on the HSE Area databases at 12 months of age who have received three doses of vaccine against diphtheria (D3), pertussis (P3), tetanus (T3) Haemophilus influenza type b (Hib3), polio (Polio3), hepatitis B (HepB3) (6 in 1 vaccine).
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care Effective Care Safe Care Better Health and Wellbeing Use of Information WorkforceUse of ResourcesGovernance, Leadership and Management
4	KPI Target	NSP 2013 target: 95%
-	KPI Calculation	The figure is produced by dividing the number children at 12 months of age who are recorded on the HSE Area database as having received three doses of vaccine for each vaccine type diphtheria (D3), pertussis (P3), tetanus (T3) Haemophilus influenza type b (Hib3), polio (Polio3) and hepatitis B (HepB3), by the total number of children at 12 months of age on the HSE Area database. (e.g. in Qtr 2, 2009. LHO had 368 children at 12 months of age, 290 children aged 12 months of age received three doses of vaccine against polio (Polio3), 290/368x100) Calculation: <u>No. of children aged 12 months who rec 3 doses of Polio Vaccine (290</u>)Number of children aged 12 months of age (368)x100 = 79%
6	Data Source	
	Data Completeness	Sourced from HSE Areas via Health Protection Surveillance Centre (HPSC)
	Data Quality Issues	
7	Data Collection	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: This data
8	Frequency Tracer Conditions	
9	Minimum Data Set	The number of children in cohort and aggregate number of children at 12 months of age in quarter who have received the full vaccine series appropriate for that age; data from each LHO and HSE Area
10	International Comparison	Similar to other countries eg UK
	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly ☑Quarterly □Bi-annually □Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	
13	KPI report period	□Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details: □Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly □Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period)
14	KPI Reporting	□National □Regional ☑ LHO Area □Hospital
	Aggregation	□ County □ Institution □Other – give details:
15	KPI is reported in which reports ?	✓ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☑ CompStat ☑ Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
	Additional Information	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics
	act details for Data Iger / Specialist Lead	Health Protection Surveillance Centre hpsc@hse.ie (01) 8765300/ John NolanInformation Analyst Children & Families Non-Acute BIU (046) 9280519 (01) 6352252 email: john.nolan3@hse.ie
	nal Lead and Directorate	Dr. Kevin Kelleher, Assistant National Director, Health Protection, Tel: 061 483347; Dora Hennessy, Principal

Hea	alth and Wellbeing:	Immunisations and Vaccines
	KPI Title	Percentage of children at 12 months of age who have received two doses of the Puenomcoccal Conjugate Vaccine (PCV2).
2	KPI Description	Total number and percentage of children on the HSE Area databases at 12 months of age who have received two doses of the Puenomcoccal Conjugate Vaccine (PCV2).
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care
4	KPI Target	NSP 2013 target: 95%
5	KPI Calculation	The figure is produced by dividing the number children at 12 months of age who are recorded on the HSE Area database as having received two doses of vaccine against Puenomcoccal Conjugate (PCV2) by the total number of children at 12 months of age on the HSE Area database (e.g. in Qtr 2, 2009. LHO area had 368 children at 12 months of age, 290 children aged 12 months of age received two doses of vaccine against Puenomcoccal Conjugate (PCV2), 290/368x100) Calculation: <u>No. of children aged 12 months who rec 2 doses of Puenomcoccal Conjugate (PCV2) (290)</u> Number of children aged 12 months of age (368)x100 = 79%
6	Data Source	Sourced from Health Brotestian Surveillance Centre (HDCC
	Data Completeness	Sourced from Health Protection Surveillance Centre (HPSC Via Regional Vaccination System/ Public Health Departments
	Data Quality Issues	
7	Data Collection Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: <u>This data</u> is reported quarterly in arrears
8	Tracer Conditions	
9	Minimum Data Set	The number of children in cohort and the number of children receiving the age appropriate number of vaccine dose
10	International Comparison	Similar to other countries eg UK
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly ☑Quarterly □Bi-annually □Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	□Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	□National □Regional ☑ LHO Area □Hospital □ County □ Institution □Other – give details:
15	KPI is reported in which reports ?	Corporate Plan Report Performance Report (NSP/CBP) CompStat Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics
Cont	act details for Data	Health Protection Surveillance Centre hpsc/hes.ie (01) 8765300/ John NolanInformation Analyst Children &
	iger / Specialist Lead	Families Non-Acute BIU (046) 9280519 (01) 6352252 email: john.nolan3@hse.ie
	onal Lead and Directorate	Dr. Kevin Kelleher, Assistant National Director, Health Protection, Tel: 061 483347; Dora Hennessy, Principal Officer, Department of Health, Tel: 01 6354332

		Immunisations and Vaccines
1	KPI Title	Percentage of children at 12 months of age who have received two doses of the Meningococcal group C vaccine (MenC2).
2	KPI Description	Total number and percentage of children on the HSE Area databases at 12 months of age who have received two doses of the Meningococcal group C vaccine (MenC2)
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% t prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care Effective Care Safe Care Better Health and Wellbeing Use of Information WorkforceUse of ResourcesGovernance, Leadership and Management
4	KPI Target	NSP 2013 target: 95%
	KPI Calculation	The figure is produced by dividing the number children at 12 months of age who are recorded on the HSE Area database as having received two doses of vaccine against Meningococcal group C (MenC2) by the total number o children at 12 months of age on the HSE Area database. (e.g. in Qtr 2, 2009. LHO area had 368 children at 12 months of age, 290 children aged 12 months of age received two doses of vaccine against Meningococcal group C (MenC2), 2007. (Calculation: No. of children aged 12 months who received 2 doses of Meningococcal group C (MenC2), (290) Number of children aged 12 months of age (368)x100 = 79%
6	Data Source	
	Data Completeness	Sourced from Health Protection Surveillance Centre (HPSC
	Data Quality Issues	
7	Data Collection	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: This date
	Frequency	is reported quarterly in arrears
8 9	Tracer Conditions Minimum Data Set	The number of children in cohort and the number of children receiving the age appropriate number of vaccine dose
10	International Comparison	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: Daily Dweekly D Monthly Quarterly Bi-annually Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	□National □Regional ☑ LHO Area □Hospital □ County □ Institution □Other – give details:
15	KPI is reported in which reports ?	Corporate Plan Report Performance Report (NSP/CBP) CompStat Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
	Additional Information	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics
ont	act details for Data	Health Protection Surveillance Centre hpsc@hse.ie (01) 8765300/ John NolanInformation Analyst Children &
	ager / Specialist Lead	Families Non-Acute BIU (046) 9280519 (01) 6352252 email: john.nolan3@hse.ie
	onal Lead and Directorate	Dr. Kevin Kelleher, Assistant National Director, Health Protection, Tel: 061 483347; Dora Hennessy, Principal Officer, Department of Health, Tel: 01 6354332

Hea	alth and Wellbeing:	Immunisations and Vaccines
1	KPI Title	Percentage of children 24 months of age who have received three doses of vaccine against diphtheria (D3), pertussi (P3), tetanus (T3) Haemophilus influenza type b (Hib3), polio (Polio3), hepatitis B (HepB3) (6 in 1 vaccine).
2	KPI Description	Total number and percentage of children on the HSE Area databases at 24 months of age who have received three doses of vaccine against diphtheria (D3), pertussis (P3), tetanus (T3) Haemophilus influenza type b (Hib3), polio (Polio3), hepatitis B (HepB3) (6 in 1 vaccine).
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases Designed to monitor immunisation uptake rate against the target.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care Effective Care Safe Care Better Health and Wellbeing Use of Information WorkforceUse of ResourcesGovernance, Leadership and Management
	KPI Target	NSP 2013 target: 95%
5	KPI Calculation	The figure is produced by dividing the number children at 24 months of age who are recorded on the HSE Area database as having received three doses of vaccine for each vaccine type diphtheria (Da), pertussis (P ₃), tetanus (T ₃) <i>Haemophilus influenza</i> type b (Hib ₃), polio (Polio ₃) and hepatitis B (HepB ₃), by the total number of children at 24 months of age on the HSE Area database. (e.g. in Qtr 2, 2009. LHO had 368 children at 24 months of age, 290 children aged 24 months of age received three doses of vaccine against polio (Polio3), Calculation: <u>No. of children aged 24 months who rec 3 doses of Polio Vaccine (290)</u> Number of children aged 24 months of age (368)x100 = 79%
6	Data Source	
-	Data Completeness	Sourced from Health Protection Surveillance Centre (HPSC
	Data Quality Issues	
7	Data Collection Frequency	□Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details: <u>This data</u> is reported quarterly in arrears
8	Tracer Conditions	
9	Minimum Data Set	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	International Comparison	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly ☑Quarterly □Bi-annually □Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	□Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	 Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period)
14	KPI Reporting	□National □Regional ☑ LHO Area □Hospital
	Aggregation	County Institution Other – give details:
15	KPI is reported in which reports ?	Corporate Plan Report Performance Report (NSP/CBP) CompStat Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
	Additional Information	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics
Cont	act details for Data	Health Protection Surveillance Centre hpsc@hse.ie (01) 8765300/ John NolanInformation Analyst Children &
	iger / Specialist Lead	Families Non-Acute BIU (046) 9280519 (01) 6352252 email: john.nolan3@hse.ie
Natio	nal Lead and Directorate	Dr. Kevin Kelleher, Assistant National Director, Health Protection, Tel: 061 483347; Dora Hennessy, Principal Officer, Department of Health, Tel: 01 6354332

10.	and wendering.	Immunisations and Vaccines
1	KPI Title	Percentage of children at 24 months of age who have received three doses of the Meningococcal C vaccine (MenC
2	KPI Description	Total number and percentage of children on the HSE Area databases at 24 months of age who have received three
-	IN I Description	doses of the Meningococcal C vaccine (MenC3).
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such a
-		measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% t
		prevent outbreaks of these diseases.
		Designed to monitor immunisation uptake rate against the target
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases
		you may need to choose two).
		Person Centred Care Effective Care
		Safe Care□ Better Health and Wellbeing □Use of Information□
		Workforce□Use of Resources□Governance, Leadership and Management □
4	KPI Target	NSP 2013 target: 95%
5	KPI Calculation	The figure is produced by dividing the number children at 24 months of age who are recorded on the HSE Area
		database as having received three doses of vaccine against Meningococcal group C (MenG) by the total number of
		children at 24 months of age on the HSE Area database. (e.g. in Qtr 2, 2009. LHO area had 368 children at 24
		months of age, 290 children aged 24 months of age received three doses of vaccine against Meningococcal group (
		(MenC3), 290/368x100) Calculation: No. of children aged 24 months who rec 3 doses of Meningococcal group C
		<u>(MenC3), (290)</u>
		Number of children aged 24 months of age (368)x100 = 79%
6	Data Source	
	Data Completeness	Sourced from Health Protection Surveillance Centre (HPSC
	Data Quality Issues	
7	Data Collection	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: This data
•	Frequency	is reported quarterly in arrears
8 9	Tracer Conditions Minimum Data Set	The number of children in exhect and the number of children receiving the age entropyiets number of version deser
9	winimum Data Set	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	International Comparison	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that
		community and population immunity is achieved and to provide individual protection.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
	•	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
		Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of
		activity) - reported in compstat monthly
		Monthly in arrears (June data reported in July)
		☑Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
14	KPI Reporting	□National □Regional ☑ LHO Area □Hospital
	Aggregation	County Institution Other – give details:
15	KPI is reported in which	☑ Corporate Plan Report ☑Performance Report (NSP/CBP) ☑CompStat ☑Other – give details:
	reports ?	
	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	Health Protection Surveillance Centre
		http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics
	act details for Data	Health Protection Surveillance Centre hpsc@hse.ie (01) 8765300/ John NolanInformation Analyst Children &
Mana	ager / Specialist Lead	Families Non-Acute BIU (046) 9280519 (01) 6352252 email: john.nolan3@hse.ie
Vatio	onal Lead and Directorate	Dr. Kevin Kelleher, Assistant National Director, Health Protection, Tel: 061 483347; Dora Hennessy, Principal
		Officer, Department of Health, Tel: 01 6354332

		Immunisations and Vaccines
1	KPI Title	Percentage of children at 24 months of age who have received one dose of Haemophilus influenzae type B (Hib) vaccine on or after 12 months of age
2	KPI Description	Total number and percentage of children on the HSE Area databases at 24 months of age who have received one dose of Haemophilus influenzae type B (Hib) vaccine on or after 12 months of age
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such a measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% t prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care □Effective Care Safe Care□ Better Health and Wellbeing □Use of Information□
		Workforce□Use of Resources□Governance, Leadership and Management □
	KPI Target	NSP 2013 target: 95%
5	KPI Calculation	The figure is produced by dividing the number children at 24 months of age who are recorded on the HSE Area database as having one dose of Haemophilus influenzae type B (Hib) vaccine by the total number of children at 24 months of age on the HSE Area database. (e.g. in Qtr 2, 2009. LHO area had 368 children at 24 months of age, 290 children aged 24 months of age received one dose of vaccine against Haemophilus influenzae type B (Hib), 290/368x100) Calculation: <u>No. of children aged 24 months of age (368)x100 = 79%</u>
6	Data Source	
	Data Completeness	Sourced from HSE Areas via Health Protection Surveillance Centre (HPSC)
	Data Quality Issues	
7	Data Collection	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: This data
	Frequency	is reported quarterly in arrears
8 9	Tracer Conditions Minimum Data Set	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
Č	Data oot	
10	International Comparison	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly ☑Quarterly □Bi-annually □Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
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15	KPI is reported in which reports ?	 ✓ Corporate Plan Report ☑ Performance Report (NSP/CBP) ✓ CompStat ☑ Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
	Additional Information	Health Protection Surveillance Centre
Conf	aat dataila far Data	http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics
	act details for Data ager / Specialist Lead	Health Protection Surveillance Centre hpsc@hse.ie (01) 8765300/ John NolanInformation Analyst Children & Families Non-Acute BIU (046) 9280519 (01) 6352252 email: john.nolan3@hse.ie
	onal Lead and Directorate	Dr. Kevin Kelleher, Assistant National Director, Health Protection, Tel: 061 483347; Dora Hennessy, Principal Officer, Department of Health, Tel: 01 6354332

		Immunisations and Vaccines
	KPI Title	Percentage of children at 24 months of age who have received three doses of the Pneumcoccal Conjugate Vaccine (PCV ₃).
2	KPI Description	Total number and percentage of children on the HSE Area databases at 24 months of age who have received two doses of the Pneumcoccal Conjugate Vaccine (PCV ₃).
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care Effective Care Safe Care Better Health and Wellbeing Use of Information Workforce Use of Resources Governance, Leadership and Management
4	KPI Target	NSP 2013 target: 95%
	KPI Calculation	The figure is produced by dividing the number children at 24 months of age who are recorded on the HSE Area database as having received two doses of vaccine against Pneumcoccal Conjugate (PCV ₂) by the total number of children at 24 months of age on the HSE Area database (e.g. in Qtr 2, 2009. LHO area had 368 children at 24 months of age, 290 children aged 24 months of age received two doses of vaccine against Pneumcoccal Conjugate (PCV ₃), 290/368x100). Calculation: <u>No. of children aged 24 months who rec 3 doses of Pneumcoccal Conjugate (PCV3) (290)</u> Number of children aged 24 months of age (368)x100 = 79%
6	Data Source	Sourced from USE Aroos via Health Protection Surveillence Centre (UDSC)
	Data Completeness	Sourced from HSE Areas via Health Protection Surveillance Centre (HPSC) Via Regional Vaccination System/ Public Health Departments
	Data Quality Issues	
7	Data Collection	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: This data
	Frequency	is reported quarterly in arrears
8	Tracer Conditions	
9	Minimum Data Set	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
		The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly ☑Quarterly □Bi-annually □Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	□Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly □Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	□National □Regional ☑ LHO Area □Hospital □ County □ Institution □Other – give details:
15	KPI is reported in which reports ?	☑ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☑ CompStat ☑ Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
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	ager / Specialist Lead	Families Non-Acute BIU (046) 9280519 (01) 6352252 email: john.nolan3@hse.ie Dr. Kevin Kelleher, Assistant National Director, Health Protection, Tel: 061 483347; Dora Hennessy, Principal

Hea	alth and Wellbeing:	Immunisations and Vaccines
1	KPI Title	Percentage of children at 24 months of age who have received the Measles, Mumps and Rubella (MMR) vaccine.
2	KPI Description	Total number and percentage of children on the HSE Area databases at 24 months of age who have received th Measles, Mumps and Rubella Vaccine (MMR).
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care Effective Care Safe Care Better Health and Wellbeing Use of Information WorkforceUse of Resources Governance, Leadership and Management
4	KPI Target	NSP 2013 target: 95%
	KPI Calculation	The figure is produced by dividing the number children at 24 months of age who are recorded on the HSE Area database as having received the vaccine against Measles, Mumps and Rubella Vaccine (MMR) by the total number of children at 24 months of age on the HSE Area database. (e.g. in Q2, 2010 LHO area had 368 children at 24 months of age, 290 children aged 24 months of age received the MMR vaccine 290/368x100%) No. of children aged 24 months who received the MMR Vaccine (290 Number of children aged 24 months of age (368)x100% = 79%
6	Data Source	
·	Data Completeness	Sourced from HSE Areas via Health Protection Surveillance Centre (HPSC)
	Data Quality Issues	
7	Data Collection	□Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details: This data
'	Frequency	is reported quarterly in arrears
8	Tracer Conditions	
	Minimum Data Set	The number of children in cohort and the number of children receiving the age appropriate number of vaccine dose
10	International Comparison	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly ☑Quarterly □Bi-annually □Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	□National □Regional ☑ LHO Area □Hospital □ County □ Institution □Other – give details:
15	KPI is reported in which reports ?	Corporate Plan Report Performance Report (NSP/CBP) CompStat Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
	Additional Information	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics
Cont	act details for Data	Health Protection Surveillance Centre hpsc@hse.ie (01) 8765300/ John NolanInformation Analyst Children &
	iger / Specialist Lead	Families Non-Acute BIU (046) 9280519 (01) 6352252 email: john.nolan3@hse.ie
	nal Lead and Directorate	Dr. Kevin Kelleher, Assistant National Director, Health Protection, Tel: 061 483347; Dora Hennessy, Principal Officer, Department of Health, Tel: 01 6354332

	inti and wendering.	Immunisations and Vaccines
1	KPI Title	Percentage of children aged 4 to 5 years who have received 1 dose 4-in-1 vaccine (Diphtheria; tetanus; Polio; Pertussis)
2	KPI Description	Total number and percentage of children on the HSE Area databases at 5 years of age who have received one dos of 4-in-1 vaccine (Diphtheria; tetanus; Polio; Pertussis)
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such a measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care Effective Care Safe Care Better Health and Wellbeing Use of Information
		Workforce Use of Resources Governance, Leadership and Management
4	KPI Target	NSP 2013 target: 95%
5	KPI Calculation	The figure is produced by dividing the number children at 4 to 5 years of age who are recorded on the HSE Are database as having received the 4 in 1 vaccine by the total number of children at 4 to 5 years of age on the HS Area database. e.g. in Q2, 2010 LHO area had 368 children at 4 to 5 years of age, 290 children aged 4 to 5 years of age receive the 4-in-1 vaccine 290/368x100%) No. of children aged 4 to 5 years of age who received the 4-in-1 vaccine (290)
		Number of children aged 4 to 5 years of age (368)x100% = 79%
	Data Source	
	Data Completeness	Sourced from HSE Areas via Health Protection Surveillance Centre (HPSC)
7	Data Quality Issues Data Collection	Daily Dweekly Monthly Quarterly Bi-annually Annually Other – give details: Note: <u>This</u> data is reported annually Q4
	Frequency Tracer Conditions	
	Minimum Data Set	The number of children in cohort and the number of children receiving the age appropriate number of vaccine dose
10	International Comparison	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly □Quarterly □Bi-annually ☑Annually □Other – give details: Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	□Daily □Weekly □Monthly □Quarterly □Bi-annually ☑Annually □Other – give details:
13	KPI report period	 Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period)
14	KPI Reporting	□National □Regional ☑ LHO Area □Hospital
	Aggregation	County Institution Other – give details:
	KPI is reported in which reports ?	□ Corporate Plan Report ☑Performance Report (NSP/CBP) □CompStat □Other – give details:
	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
	Additional Information	As reported in the HSE Performance Report
	act details for Data	Health Protection Surveillance Centre hpsc@hse.ie (01) 8765300/ John NolanInformation Analyst Children &
	ger / Specialist Lead	Families Non-Acute BIU (046) 9280519 (01) 6352252 email: john.nolan3@hse.ie Dr. Kevin Kelleher, Assistant National Director, Health Protection, Tel: 061 483347; Dora Hennessy, Principal

		Immunisations and Vaccines
1	KPI Title	Percentage of children aged 4 to 5 years who have received one dose Measles, Mumps, Rubella (MMR) vaccine
2	KPI Description	Total number and percentage of children on the HSE Area databases at 5 years of age who have received one dos Measles, Mumps, Rubella (MMR) vaccine
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such a measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
		Safe Care Better Health and Wellbeing Use of Information Workforce Use of Resources Governance, Leadership and Management
4	KPI Target	NSP 2013 target: 95%
	KPI Calculation	The figure is produced by dividing the number children at 4 to 5 years of age who are recorded on the HSE Area database as having received the vaccine against Measles, Mumps and Rubella Vaccine (MMR) by the total numbe of children at 4 to 5 years of age on the HSE Area database. (e.g. in Q2, 2010 LHO area had 368 children at 4 to 5 years of age, 290 children aged 4 to 5 years of age received the MMR vaccine 290/368x100%) No. of children aged 4 to 5 years of age who received the MMR Vaccine (290) Number of children aged 4 to 5 years of age (368)x100% = 79%
6	Data Source	
•	Data Completeness	Sourced from HSE Areas via Health Protection Surveillance Centre (HPSC)
	Data Quality Issues	
7	Data Collection	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
	Frequency	
	Tracer Conditions	
9	Minimum Data Set	The number of children in cohort and the number of children receiving the age appropriate number of vaccine dose
10	International Comparison	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly □Quarterly □Bi-annually ☑Annually □Other – give details: Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	□Daily □Weekly □Monthly □Quarterly □Bi-annually ☑Annually □Other – give details:
13	KPI report period	 Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period)
14	KPI Reporting	□National □Regional ☑ LHO Area □Hospital
	Aggregation	County Institution Other – give details:
15	KPI is reported in which reports ?	□ Corporate Plan Report ☑ Performance Report (NSP/CBP) □CompStat □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance Reports Monthly.html
	Additional Information	As reported in the HSE Performance Report
	act details for Data	Health Protection Surveillance Centre hpsc@hse.ie (01) 8765300/ John NolanInformation Analyst Children &
	ger / Specialist Lead	Families Non-Acute BIU (046) 9280519 (01) 6352252 email: john.nolan3@hse.ie
		Dr. Kevin Kelleher, Assistant National Director, Health Protection, Tel: 061 483347; Dora Hennessy, Principal

100	ann ann wendenng.	Immunisations and Vaccines
1	KPI Title	Percentage of children aged 11 to 14 years who have received one dose Tetanus; low dose Diphtheria; Accelular Pertussis (Tdap) vaccine
2	KPI Description	Total number and percentage of children on the HSE Area databases at 11 to 14 years of age who have received one dose Tetanus; low dose Diphtheria; Accelular Pertussis (Tdap) vaccine
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care Safe Care□ Better Health and Wellbeing □Use of Information☑
		Workforce□Use of Resources□Governance, Leadership and Management □
	KPI Target	NSP 2013 target: 95%
5	KPI Calculation	The figure is produced by dividing the number children at 11 to 14 years of age who are recorded on the HSE Area database as having received one dose Tetanus; low dose Diphtheria; Accelular Pertussis (Tdap) vaccine by the total number of children at 11 to 14 years of age on the HSE Area database. (e.g. in Q2, 2010 LHO area had 368 children at 11 to 14 years of age, 290 children aged 11 to 14 years of age received one dose Tetanus; low dose Diphtheria; Accelular Pertussis (Tdap) vaccine 290/368x100%) No. of children aged 11 to 14 years of age who received one dose Tetanus; low dose Diphtheria; Accelular Pertussis (Tdap) vaccine 290/368x100%) No. of children aged 11 to 14 years of age who received one dose Tetanus; low dose Diphtheria; Accelular Pertussis (Tdap) vaccine (290) Number of children aged 11 to 14 years of age (368)x100% = 79%
6	Data Source	
-	Data Completeness	Sourced from HSE Areas via Health Protection Surveillance Centre (HPSC) Via Regional Vaccination System/Publ
	Data Quality Issues	Health Departments
7	Data Collection Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: This data i reported annually in Q4
8	Tracer Conditions	
9	Minimum Data Set	The number of children in cohort and the number of children receiving the age appropriate number of vaccine dose
10	International Comparison	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly □Quarterly □Bi-annually ☑Annually □Other – give details: Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	□Daily □Weekly □Monthly □Quarterly □Bi-annually ☑Annually □Other – give details:
13	KPI report period	 Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	□National □Regional ☑ LHO Area □Hospital □ County □ Institution □Other – give details:
15	KPI is reported in which reports ?	□ Corporate Plan Report ☑ Performance Report (NSP/CBP) □CompStat □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	As reported in the HSE Performance Report
ont	act details for Data	Health Protection Surveillance Centre hpsc@hse.ie (01) 8765300/ John NolanInformation Analyst Children &
lana	ager / Specialist Lead	Families Non-Acute BIU (046) 9280519 (01) 6352252 email: john.nolan3@hse.ie
latio	onal Lead and Directorate	Dr. Kevin Kelleher, Assistant National Director, Health Protection, Tel: 061 483347; Dora Hennessy, Principal Officer, Department of Health, Tel: 01 6354332

Hea	alth and Wellbeing:	Immunisations and Vaccines
1	KPI Title	HPV – number and percentage of first year girls to have received the third dose of HPV vaccine by August 2013.
2	KPI Description	HPV – estimated number and percentage of girls in first year of second level schools (and those aged 12 or 13 yea
		that are in special schools or home schooled) to have completed a three dose HPV vaccine course in the academic
		year 2012/2013.
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure. Designed to monitor immunisation uptake rate
		against the target.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases
		you may need to choose two).
		Safe Care□ Better Health and Wellbeing □Use of Information
		Workforce□Use of Resources□Governance, Leadership and Management □
4	KPI Target	NSP 2013 target: 80%
5	KPI Calculation	No. of first year girls to have received third dose of HPV vaccine
		<u>Total number of first year girls x 100 =</u>
6	Data Source	
	Data Completeness	Sourced from HSE Areas via National Immunisation Office
	Data Quality Issues	
7	Data Collection	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: Note: This
	Frequency	data is reported annually in Q4
8	Tracer Conditions	
9	Minimum Data Set	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	International Comparison	WHO target of 80% and this target was also given in the HIQA Health Technology Assessment
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
	i i i i i i i i i i i i i i i i i i i	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
		Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	
		□Daily □Weekly □Monthly □Quarterly □Bi-annually ☑Annually □Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of
		activity)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		☑Rolling 12 months (previous 12 month period)
14	KPI Reporting	□National □Regional ☑ LHO Area □Hospital
	Aggregation	□ County □ Institution □Other – give details:
15	KPI is reported in which	□ Corporate Plan Report ☑Performance Report (NSP/CBP) □CompStat □Other – give details:
	reports ?	
	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
	Additional Information	as reported in the HSE Performance Report
	act details for Data	Health Protection Surveillance Centre hpsc@hse.ie (01) 8765300/ John NolanInformation Analyst Children &
	iger / Specialist Lead	Families Non-Acute BIU (046) 9280519 (01) 6352252 email: john.nolan3@hse.ie
vatio	onal Lead and Directorate	Dr. Kevin Kelleher, Assistant National Director, Health Protection, Tel: 061 483347; Dora Hennessy, Principal

	ann ann Wenbeing.	Immunisations and Vaccines
1	KPI Title	HPV – number and percentage of Sixth year girls to have received the third dose of HPV vaccine by August 2013.
2	KPI Description	HPV – estimated number and percentage of girls in Sixth year of second level schools (and those that are in speci schools or home schooled) to have completed a three dose HPV vaccine course in the academic year 2012/2013.
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care Safe Care□ Better Health and Wellbeing □Use of Information⊡
-	KDI Terret	Workforce□Use of Resources□Governance, Leadership and Management□
4 5	KPI Target KPI Calculation	NSP 2013 target: 80% No. of Sixth year girls to have received third dose of HPV vaccine Total number of Sixth year girls x 100 =
6	Data Source	
0	Data Completeness	Sourced from HSE Areas via National Immunisation Office
	Data Quality Issues	
7	Data Collection	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: Note: This
	Frequency	data is reported annually Q4
8	Tracer Conditions	
9	Minimum Data Set	The number of children in cohort and the number of children receiving the age appropriate number of vaccine dose
10	International Comparison	There is no target for HPV catch-up set by WHO or HIQA. Therefore the same target as for first years is used but lower uptake expected based upon international experience in UK and Australia.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly □Quarterly □Bi-annually ☑Annually □Other – give details: Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	□Daily □Weekly □Monthly □Quarterly □Bi-annually ☑Annually □Other – give details:
	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	□National □Regional ☑ LHO Area □Hospital □ County □ Institution □Other – give details:
15	KPI is reported in which reports ?	Corporate Plan Report Performance Report (NSP/CBP) CompStat Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	
Cont	act details for Data	Health Protection Surveillance Centre hpsc@hse.ie (01) 8765300/ John NolanInformation Analyst Children &
Mana	ager / Specialist Lead	Families Non-Acute BIU (046) 9280519 (01) 6352252 email: john.nolan3@hse.ie
	onal Lead and Directorate	Dr. Kevin Kelleher, Assistant National Director, Health Protection, Tel: 061 483347; Dora Hennessy, Principal Officer, Department of Health, Tel: 01 6354332

	aith and wendeing:	Child Health/Developmental Screening
1	KPI Title	Percentage of New Born Babies visited by a Public Health Nurse (PHN) within 48 hours of hospital discharge.
2	KPI Description	This measure is designed to measure the total number and percentage of new born babies visited by a Public Healt Nurse (PHN) within 48 hours of hospital discharge (for the first time).
3	KPI Rationale	This underpins the PHN role in supporting mother and baby and health promotion. In particular a timely PHN vis supports breastfeeding and screens for, and responds to, post natal depression. Both of these are core elements post-natal support.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases yo may need to choose two). Person Centred Care Effective Care
		Safe Care Better Health and Wellbeing Use of Information
		Workforce Use of Resources Governance, Leadership and Management
4 5	KPI Target KPI Calculation	NSP 2013 target: 95% The figure is produced by dividing the number of new born babies visited by a PHN within 48hrs of their first discharge
		from hospital by the total number of newborn babies discharged from hospital following their birth during the reporting period (i.e. LHO area have 369 babies discharged, 288 received a PHN Visit within 48hrs therefore 288/369x100%) Calculation: Number of newborn babies visited by a PHN within 48hrs (288) Number of Newborn babies discharged (369)x100% = 78%
6	Data Source	
	Data Completeness	LHO (PHNs) returned via HSE area Business Managers
	Data Quality Issues	
7	Data Collection	Daily Dweekly Monthly Quarterly Bi-annually Annually Other – give details:
	Frequency	
8	Tracer Conditions	N/A
9	Minimum Data Set	 The total number of newborn babies discharged for the first time from hospital following their birth during the reporting period Number of newborn babies visited by a PHN within 48 hours of hosp discharge
10	International Comparison	Community health services to mothers and babies are not standard or comparable across countries. Most other countries have a separate dedicated service that provides maternal and child health services alone and are thus able to achieve much more intensive visits and medical check for babies, young children and their mothers/families. WHO/UNICEF advocate timely, appropriate and accessible community health service support for new mothers and babies.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly ☑Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: Local Business Unit
12	KPI Reporting Frequency	Daily Dweekly Monthly DQuarterly DBi-annually Annually Other – give details:
13	KPI report period	 Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period)
	KPI Reporting	INational IRegional IHO Area Hospital
14		□ County □ Institution □ Other – give details:
	Aggregation	
15	KPI is reported in which reports ?	Corporate Plan Report Performance Report (NSP/CBP) CompStat Other – give details:
15	KPI is reported in which	
15 16 17	KPI is reported in which reports ? Web link to data Additional Information	Corporate Plan Report Performance Report (NSP/CBP) CompStat Other – give details: CompStat Community Services Dashboards http://www.hse.ie/eng/staff/CompStat http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html Defination of new born baby: "baby who has never been discharged before, except those babies remaining in the ca of Midwifery Services following early hospital discharge (e.g. Domino and Early Transfer Home Schemes) and some home births."
15 16 17 Cont	KPI is reported in which reports ? Web link to data	Corporate Plan Report ⊠Performance Report (NSP/CBP) ⊠CompStat □Other – give details: CompStat Community Services Dashboards http://www.hse.ie/eng/staff/CompStat http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html Defination of new born baby: "baby who has never been discharged before, except those babies remaining in the ca of Midwifery Services following early hospital discharge (e.g. Domino and Early Transfer Home Schemes) and some

		Child Health/Developmental Screening
1	KPI Title	Percentage of New Born Babies visited by a Public Health Nurse (PHN) within 72 hours of hospital discharge.
2	KPI Description	This measure is designed to measure the total number and percentage of new born babies visited by a Public Heal Nurse (PHN) within 72 hours of hospital discharge for the first time.
3	KPI Rationale	This underpins the PHN role in supporting mother and baby and health promotion. In particular a timely PHN vis
•		supports breastfeeding and screens for, and responds to, post natal depression. Both of these are core elements
		post-natal support.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases ye
		may need to choose two).
		Person Centred Care Effective Care
		Safe Care□ Better Health and Wellbeing ☑ □Use of Information□
		Workforce Use of Resources Governance, Leadership and Management
4	KPI Target	NSP 2013 target: 100%
	KPI Calculation	The figure is produced by dividing the number of new born babies visited by a PHN within 72hrs of their first discharge
J	RFI Calculation	from hospital by the total number of newborn babies discharged from hospital following their birth during the reportin period (i.e. LHO area have 369 babies discharged, 367 received a PHN Visit within 72hrs therefore 367/369x100%) Calculation: Number of newborn babies visited by a PHN within 72hrs (367) Number of Newborn babies discharged (369)x100% = 99.5%
6	Data Course	
6	Data Source	
	Data Completeness	LHO (PHNs) returned via HSE area Business Managers
	Data Quality Issues	
7	Data Collection	Daily Dweekly Monthly Quarterly Bi-annually Annually Other – give details:
	Frequency	
8	Tracer Conditions	N/A
9	Minimum Data Set	1. The total number of newborn babies discharged for the first time from hospital following their birth during the
•		reporting period
		2. Number of newborn babies visited by a PHN within 72 hours of hosp discharge
10	International Comparison	Community health services to mothers and babies are not standard or comparable across countries. Most other
		countries have a separate dedicated service that provides maternal and child health services alone and are thus abl to achieve much more intensive visits and medical check for babies, young children and their mothers/families. WHO/UNICEF advocate timely, appropriate and accessible community health service support for new mothers and babies.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
		□Daily □Weekly □ Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible for monitoring this KPI: Local Business Unit
12	KPI Reporting Frequency	Daily Weekly Monthly Intervention Bi-annually Annually Other – give details:
12	KFI Reporting Frequency	
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of
		activity)
		DMonthly in arrears (June data reported in July)
	1	
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
14	KPI Reporting	
14	KPI Reporting Aggregation	□Rolling 12 months (previous 12 month period) □National □Regional ☑ LHO Area □Hospital
	Aggregation	□Rolling 12 months (previous 12 month period) □National □Regional ☑ LHO Area □Hospital □ County □ Institution □Other – give details:
	Aggregation KPI is reported in which	□Rolling 12 months (previous 12 month period) □National □Regional ☑ LHO Area □Hospital
15	Aggregation KPI is reported in which reports ?	□Rolling 12 months (previous 12 month period) □National □Regional ☑ LHO Area □Hospital □ County □ Institution □Other – give details: □ Corporate Plan Report ☑Performance Report (NSP/CBP) ☑CompStat □Other – give details:
15	Aggregation KPI is reported in which	□Rolling 12 months (previous 12 month period) □National □Regional ☑ LHO Area □Hospital □ County □ Institution □Other – give details: □ Corporate Plan Report ☑Performance Report (NSP/CBP) ☑CompStat □Other – give details: □ CompStat Community Services Dashboards
15	Aggregation KPI is reported in which reports ?	□Rolling 12 months (previous 12 month period) □National □Regional ☑ LHO Area □Hospital □ County □ Institution □Other – give details: □ Corporate Plan Report ☑Performance Report (NSP/CBP) ☑CompStat □Other – give details: CompStat Community Services Dashboards http://www.hse.ie/eng/staff/CompStat
15 16	Aggregation KPI is reported in which reports ? Web link to data	□Rolling 12 months (previous 12 month period) □National □Regional ☑ LHO Area □Hospital □ County □ Institution □Other – give details: □ Corporate Plan Report ☑Performance Report (NSP/CBP) ☑CompStat □Other – give details: □ CompStat Community Services Dashboards http://www.hse.ie/eng/staff/CompStat □ http://www.hse.ie/eng/staff/CompStat □ Nonthly.html
15 16	Aggregation KPI is reported in which reports ?	□Rolling 12 months (previous 12 month period) □National □Regional ☑ LHO Area □Hospital □ County □ Institution □Other – give details: □ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☑ CompStat □Other – give details: □ CompStat Community Services Dashboards http://www.hse.ie/eng/staff/CompStat □ http://www.hse.ie/eng/staff/CompStat □ □ Defination of new born baby: "baby who has never been discharged before, except those babies remaining in the cardional content of the cardiona content of the cardional content of the cardiona cont
15 16	Aggregation KPI is reported in which reports ? Web link to data	□Rolling 12 months (previous 12 month period) □National □Regional ☑ LHO Area □Hospital □ County □ Institution □Other – give details: □ Corporate Plan Report ☑Performance Report (NSP/CBP) ☑CompStat □Other – give details: □ CompStat Community Services Dashboards http://www.hse.ie/eng/staff/CompStat □ http://www.hse.ie/eng/staff/CompStat □ Nonthly.html
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15 16 17	Aggregation KPI is reported in which reports ? Web link to data Additional Information act details for Data	□Rolling 12 months (previous 12 month period) □National □Regional ☑ LHO Area □Hospital □ County □ Institution □Other – give details: □ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☑ CompStat □Other – give details: □ CompStat Community Services Dashboards … … … http://www.hse.ie/eng/staff/CompStat … … … Defination of new born baby: "baby who has never been discharged before, except those babies remaining in the car of Midwifery Services following early hospital discharge (e.g. Domino and Early Transfer Home Schemes) and some home births." John Nolan, Information Analyst Children & Families Non Acute BIU, Tel 046 9280519/01 6352252
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		Child Health/Developmental Screening
1	KPI Title	Number of Newborns who have had Newborn Bloodspot Screening (NBS).
2	KPI Description	Total number and percentage of newborn infants who are offered and have a newborn bloodspot screening sample
2		taken within seven days of birth.
3	KPI Rationale	To provide evidence that newborn infants eligible are offered and have had newborn bloodspot screening between 72 120hrs after birth; ii) all babies born outside this jurisdiction and reside in the jurisdiction have NBS within 72 -120hrs after birth; iii) births not eligible. i.e. RIP before 72hrs; Moved out of LHO before 72 hrs; op-out; other.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care
		Safe Care□ Better Health and Wellbeing ☑ □Use of Information□
		Workforce Use of Resources Governance, Leadership and Management
4	KPI Target	NSP 2013 target: 100%
5	KPI Calculation	Metric calculation based on number of births and number of infants who have NBS.
6	Data Source	
0	Data Source	
	Data Completeness	LHO's / ISA's – Regional Leads for Child Health National Newborn Bloodspot Screening Laboratory
	Data Quality Issues	Implementation of New ICT solution for the National Newborn Bloodspot Screening Laboratory in 2012 will enhance the quality and quantity of data available.
7	Data Collection	Daily DWeekly DMonthly Quarterly DBi-annually Annually Other – give details: <u>Collected</u>
	Frequency	guarterly in arrears
8	Tracer Conditions	
9	Minimum Data Set	 The total number of new born infants during the reporting period The total number of New Born Infants who were offered and provided a blood spot screening sample within seven days of their birth.
10	International Comparison	Similar to other countries, e.g. Northern Ireland, England, Scotland, Wales and throughout Europe who screen newborns for similar conditions.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly ☑Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: Local Business Unit
12	KPI Reporting Frequency	□Daily □Weekly □Monthly
13	KPI report period	□Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period)
14	KPI Reporting	☑National ☑Regional ☑ LHO Area □Hospital
	Aggregation	County Institution Other – give details:
15	KPI is reported in which reports ?	□ Corporate Plan Report ØPerformance Report (NSP/CBP) □CompStat □Other – give details:
16	Web link to data	Monthly Performance Supplementary Report (Reported in PR Quarterly) http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	
	act details for Data	To be confirmed during Q1
latio	nal Lead / Directorate	Dr Kevin Kelleher, AND, Health Protection and Child Health Ms Laverne McGuiness, Director, ISD HSE

nea	alth and Wellbeing:	
1	KPI title	Percentage of Hospital campuses with tobacco-free policy.
2	Description	HSE Tobacco Control Framework (TCF) commits to introducing a tobacco free policy in all HSE campuses by 2015. The policy covers hospitals, admin sites, primary care sites and community sites. A phased roll-out of the policy is planned. All new sites will have a tobacco free policy as standard. The policy will apply to all staff, patients/service users, visitors, contractors and other persons on the campus for any reason. Smoking will not be permitted in any pa of the grounds, including entrances, car parks, roads, bus stops and other areas as stated in the Corporate Policy adopted in 2012.
3	KPI Rationale	Smoking is the biggest single cause of preventable premature death, claiming some 5,500 deaths in Ireland every year. There is a growing recognition throughout the developed world that allowing smoking on healthcare campuses significantly undermines the health promotion message of healthcare organisations. The HSE's tobacco free campu policy will help change social norms around smoking. It will lead to better health outcomes for patients by treating tobacco addiction as a care issue. Progress is monitored bi-monthly by TCF Implementation Group.
	Indicator Classification	Person Centred Care Effective Care Safe Care
		☑ Better Health and Wellbeing
		☑ Use of Resources
	KPI Target	NSP 2013: 100% of Hospitals
5	KPI Calculation	Count
6	Data Source	Adminstrative databases. Data collated by national co-ordinator for tobaco free campus project for the TCFIG Project Office
	Data Completeness	Complete
	Data Quality Issues	Manual Collection
7	Data Collection	Daily Dweekly Monthly DQuarterly DBi-annually DAnnually DOther
	Frequency	
8	Tracer Conditions	All Acute hospitals including designated cancer centres tobacco free
9	Minimum Data Set	Support to smokers in place. Signage to indicate entering a tobacco free campus. Posters advertising services to support smokers to quit.
10	International Comparison	Yes, ENSH European Network for Tobacco Free Healthcare Services http://www.ensh.eu/ensh/racine/
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
		Please indicate who is responsible for monitoring this KPI: TCFIG
12	KPI Reporting Frequency	□Daily □Weekly Monthly ☑ Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	 Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period)
14	KPI Reporting	 □ Other – give details: ☑ National ☑ Regional LHO Area ☑ Hospital
	Aggregation	County Institution Other – give details:
15	KPI is reported in which reports?	Corporate Plan Report I Performance Report (NSP/CBP) CompStat Other – give details:
15	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performancereports/2012pr.html
16	Additional Information	All smokers are offered a range of supports to help them quit. These include local cessation clinics, Quitline 1850 20 203, www.quit.ie and www.facebook.com/HSEquit
	act details for Data ager / Specialist Lead	Marie Killeen, National Tobacco Control Office, Email : marie.killeen3@hse.ie Tel: 045 988207
	onal Lead and Directorate	Gavin Maguire, Email : gavin.maguire@hse.ie Tel: 045 880400 Integrated Services Directorate

1	KPI title	Number and percentage of smokers on cessation programme who were quit at one month
2	Description	Refers to smokers who had signed up to a HSE tobacco cessation support programme, who quitand who remained
		quit at 4 weeks. Support programme: structured support is provided to client prior to quit date and for four weeks following this date
		Quit date: day after the client's last cigarette
		Quit: as per Russell Standard. Can be self-report (< 5 cigarettes smoked since quit date) or validated (< 10ppm CC
		monitor).
3	KPI Rationale	Course out of 40 employee work to guit and four out of ten make a guit attempt over yours. Ourset doubles a employ
3	KFI Kalioliale	Seven out of 10 smokers want to quit and four out of ten make a quit attempt every year. Support doubles a smoke chance of quitting successfully. Smoking cessation is a highly cost effective intervention.
		The Tobacco Control Framework identified the need to set realistic performance targets for both the numbers using
		the service and the proportion who quit successfully based on demographics. This KPI will provide baseline data for
		this action.
		The Department of Health's Tobacco Policy Review due to be published in 2013 will emphasise the need to monitor and evaluate cessation services.
	Indicator Classification	Person Centred Care Effective Care Safe Care
		☑ Better Health and Wellbeing □ Use of Information □ Workforce
4	KPI Target	☑ Use of Resources □ Governance, Leadership and Management New KPI; 2013 out-turn will inform 2014 target
5	KPI Calculation	Denominator: No. of smokers who participate in a HSE cessation programme and who quit. Numerator: No. of
6	Data Source	smokers who remained quit when followed up at 4 weeks. This is expressed as a count and as a percentage.
6	Data Source	Adminstrative databases. Data provided by cessation specialists to Health Promotion to Project Office for the TCFI
	Data Completeness	Includes community and acute based cessation services;
		New national standard for cessation support programme introduced in March 2013; data relating to Jan and Feb ma
	Data Quality Issues	Some services may not conform to national standard
7	Data Collection	Daily DWeekly I Monthly DQuarterly DBi-annually DAnnually DOther
	Frequency	
8	Tracer Conditions	Quit definition - Russell Standard UK
9	Minimum Data Set	No. of smokers who participated in a support programme
		No. of smokers who quit
40	Internetional Companian	No. of smokers who remained quit at 4 weeks
10	International Comparison	NHS Stop Smoking Service reports similar data
11	KPI Monitoring	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
		Please indicate who is responsible for monitoring this KPI: Health Promotion
12	KPI Reporting Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of
		activity)
		Monthly in arrears (June data reported in July) - 3 months in arrears. Jan data reported in Ap
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period) Other – give details:
14	KPI Reporting	☑ National ☑ Regional LHO Area ☑ Hospital
	Aggregation	County Institution Other – give details:
15	KPI is reported in which reports?	Corporate Plan Report I Performance Report (NSP/CBP) CompStat Other – give details:
15	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performancereports/2012pr.html
16	Additional Information	All smokers are offered a range of supports to help them quit. These include local cessation clinics, Quitline 1850 2
10		203, www.quit.ie and www.facebook.com/HSEquit
	act details for Data	Marie Killeen, National Tobacco Control Office, Email : marie.killeen3@hse.ie Tel: 045 988207
	ager / Specialist Lead	
atic	onal Lead and Directorate	Gavin Maguire, Email : gavin.maguire@hse.ie Tel: 045 880400 Integrated Services Directorate

Ser	Ith and Wellbeing:	
1	KPI title	Number of smokers who received intensive cessation support from a cessation counsellor
	KPI Description	Intensive cessation support is a consultation of greater than 10 mins provided by a trained cessation specialist to a smoker either in acute or community setting. It can be delivered in a variety of ways - one-to-one, group, telephone
3	KPI Rationale	Seven out of 10 smokers want to quit and four out of ten make a quit attempt every year. Support doubles a smoke chance of quitting successfully. Smoking cessation is a highly cost effective intervention.
		The Department of Health's Tobacco Policy Review due to be published in 2013 will emphasise the need to monitor and evaluate cessation services.
	Indicator Classification	Person Centred Care Effective Care Safe Care
		☑ Better Health and Wellbeing □ Use of Information □ Workforce
		☑ Use of Resources
4	KPI Target	NSP 2013 target: 9,000 smokers
5	KPI Calculation	Count
6	Data Source	Adminstrative databases. Data provided by cessation specialists to Health Promotion to TCFIG Project Office
	Data Completeness	Includes community and acute based cessation services
	Data Quality Issues	Manual system
7	Data Collection	Daily Dweekly Monthly Quarterly Bi-annually Annually Other – give details:
8	Tracer Conditions	Smoker seeking assistance to quit
9	Minimum Data Set	No. of smokers who received support > 10 mins
10	International Comparison	NHS Stop Smoking Service reports similar data
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other
		Please indicate who is responsible for monitoring this KPI: Health Promotion
12	KPI Reporting Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting Aggregation	Z National Z Regional LHO Area Z Hospital County Institution Other – give details:
15	KPI is reported in which	□ County □ Institution □ Other – give details: □ Corporate Plan Report ☑ Performance Report (NSP/CBP) □CompStat □Other – give details:
	reports? Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performancereports/2012pr.html
	Additional Information	
lana	act details for Data Iger / Specialist Lead	Name: Marie Killeen, National Tobacco Control Office, Email : marie.killeen3@hse.ie Tel: 045 988207
latio	nal Lead and Directorate	Name: Gavin Maguire, Email : gavin.maguire@hse.ie Tel: 045 880400 Integrated Services Directorate

1	KPI title	Number of frontline healthcare staff trained in brief intervention smoking cessation
2	KPI Description	A national training programme will be rolled out to deliver brief intervention (BI) smoking cessation training to frontli healthcare staff. Frontline staff refers to those delivering services to patients/service users. BI in smoking cessatio
3	KPI Rationale	HSE's Tobacco Control Framework (TCF) commits to training frontline healthcare staff in brief intervention in smoki cessation so that treating tobacco use becomes a core part of their work. All healthcare staff have a responsibility t
	Indicator Classification	□ Person Centred Care □ Effective Care □ Safe Care ☑ Better Health and Wellbeing □ Use of Information □ Workforce
		☑ Use of Resources
4	KPI Target	NSP 2013 target: 1,350 staff
5	KPI Calculation	Count
6	Data Source	Adminstrative databases. Data provided by health promotion trainers to Health Promotion Office to TCFIG Project Office
	Data Completeness	Includes community and acute based cessation services
	Data Quality Issues	Manual system
7	Data Collection Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
8	Tracer Conditions	Frontline healthcare staff providing frontline services to patients/service users in hospitals and community settings haven't previously undertaken such a course.
9	Minimum Data Set	Number of frontline healthcare staff who have been trained by Region. Professional breakdown of staff trained by Region. Number of courses delivered in each Region.
10	International Comparison	Yes, WHO tobacco indicators
11	KPI Monitoring	KPI will be <u>monitored</u> on a (please indicate below) basis:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other
40		Please indicate who is responsible for monitoring this KPI: Health Promotion
12	KPI Reporting Frequency	Daily Dweekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of
		activity)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
	KDI Dementing	Other – give details:
4	KPI Reporting	☑ National ☑ Regional □ LHO Area ☑ Hospital
15	Aggregation KPI is reported in which	□ County □ Institution □ Other – give details: □ Corporate Plan Report ☑ Performance Report (NSP/CBP) □CompStat □Other – give details:
	reports?	
15	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performancereports/2012pr.html
	Additional Information	
	act details for Data	Name: Marie Killeen, National Tobacco Control Office, Email : marie.killeen3@hse.ie Tel: 045 988207
atic	onal Lead and Directorate	Name: Gavin Maguire, Email : gavin.maguire@hse.ie Tel: 045 880400
		Integrated Services Directorate

		- Food Safety
1	KPI Title	Percentage of risk category 1,2 and 3 food businesses receiving inspection target as per minimum inspection frequency in FSAI Guidance Note Number 1
2	KPI Description	FSAI Guidance Note Number 1 defines the risk categorisation of food establishments and sets the targets for their inspection frequency. Categories 1, 2 and 3 are the highest risk categories.
3	KPI Rationale	The HSE carries out statutory food safety controls as part of its responsibilities under a Service Contract with the FSAI. The purpose of the metric is to assess achievement with the minimum target set in FSAI Guidance Note Number 1.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases y may need to choose two). □Person Centred Care □Effective Care Safe Care□ Better Health and Wellbeing ☑ Use of Information□
		Workforce Use of Resources Governance, Leadership and Management
4	KPI Target	NSP 2013 target: 100% compliance with the minimum inspection target set in FSAI Guidance Note 1 for Categories 2 and 3.
5	KPI Calculation	Numerator Number of planned inspections of Category 1, 2 and 3 premises YTD. Denominator: Total number of Category 1, 2 and 3 premises (as counted at the start of the year). It is expressed as a percentage and is interpreted as YTD delivery on annual target Quarter 1 should be 25%, Quarter 2 should be 50 % of target, Quarter 3 should be 75% of target, Quarter 4 should 100% of target achieved.
6	Data Source	Data is collected from the food control visit records which are inputted by EHOs at local PEHO area level.
	Data Completeness	Data is complete with 100% coverage.
	Data Quality Issues	There will be three IT systems and manual recording of data during 2013 as the service migrates to the national
7	Data Collection Frequency	Daily DWeekly Monthly Quarterly Bi-annually Annually Other – give details:
8	Tracer Conditions	All Category 1 2 and 3 food business establishments are included. Categories 4, 5 and 6 are excluded.
9	Minimum Data Set	Number of planned inspections of category 1 2 and 3 food business establishments.
10	International Comparison	All EU countries would record similar data, however the risk categorisation is not the same, therefore numbers are i comparable.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly ☑ Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: PEHO and RCEHO
12	KPI Reporting Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
	KPI report period	□Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) □Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	ØNational ØRegional ØLHO Area □Hospital □ County □ Institution □Other – give details:
15	KPI is reported in which reports ?	☑ Corporate Plan Report ☑ Performance Report (NSP/CBP) □CompStat ☑ Other – give details:FSAI Service Contract Section 48 (8) Annual Report, Annual Report on MANCP
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/HSE_Monthly_Performance _Reportshtml Data is also reported in the FSAI Annual Report and is reported to the EU in the Annual Report on the Multi Annual National Control Plan (MANCP). www.fsai.ie
_	Additional Information	
	tact details for Data	Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie
latio	onal Lead / Directorate	Gavin Maguire, Assistant National Director, Environmental health and Emergency Planning, Email: gavin.maguire@hse.ie John Keegan, Principal Officer, Department of Health, Tel: 01 635 4030

	.	- Cosmetic Product Safety
1	KPI Title	Number of cosmetic products sampled for chemical analysis.
2	KPI Description	This metric measure the number of cosmetic products sampled for compliance with the EU (Cosmetic Product)
		Regulations 2004 as amended.
3	KPI Rationale	The HSE is responsible for the enforcement of these Regulations. Sampling is required to ensure the safety of cosmetic products on the Irish market for use by consumers.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases yes may need to choose two). Person Centred Care Effective Care
		Safe Care Better Health and Wellbeing Use of Information
		Workforce Use of Resources Governance, Leadership and Management
	KPI Target	NSP 2013 target: 540
5	KPI Calculation	Number of cosmetic products sampled for chemical analysis.
6	Data Source	Data is collected manually at PEHO office level.
	Data Completeness	It is reported in the EHO activity return and collated regionally and nationally.
	Data Quality Issues	The data is 100% complete
7	Data Collection Frequency	Daily DWeekly Monthly Quarterly Bi-annually Annually Other – give details:
8	Tracer Conditions	Cosmetic product retailers to which the the EU (Cosmetic Product) Regulations 2004 as amended apply
9	Minimum Data Set	Number of samples taken for chemical analysis to which the EU (Cosmetic Product) Regulations 2004 as amended approved as a mended approved
9		apply
10	International Comparison	Irish Medicines Board report on activities to EU
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly ☑ Quarterly □Bi-annually □Annually □Other Please indicate who is responsible for monitoring this KPI: PEHO and RCEHO
12	KPI Reporting Frequency	□Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	□Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) □Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period)
14	KPI Reporting	☑National ☑Regional ☑ LHO Area □Hospital
	Aggregation	□ County □ Institution □Other – give details:
15	KPI is reported in which	□ Corporate Plan Report ØPerformance Report (NSP/CBP) □CompStat □Other – give details:
15	reports ?	
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	During 2013 the Environmental Health Service will be migrating to a new Environmental Health Information System from the existing manually collected activity report.
Con	tact details for Data	Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie
	onal Lead / Directorate	Gavin Maguire, Assistant National Director, Environmental health and Emergency Planning, Email: gavin.maguire@hse.ie
		John Keegan, Principal Officer, Department of Health, Tel: 01 635 4030

		ting Health - Cosmetic Product Safety
1	KPI Title	All designated ports and airports to receive an inspection to audit compliance with the International Health Regulation 2005.
2	KPI Description	All designated ports and airports receive a full programmed inspection to audit compliance with the International Health Regulations 2005.
3	KPI Rationale	To assist in international disease control, the WHO under the International Health Regulations requires country to designate Ports and Airport that will meet its requirements. The eight Sea and Airports in Ireland which have been designated for the purposes of the International Health Regulations 2005 must comply with the core capacity requirements as per this legislation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases yo may need to choose two). □Person Centred Care □Effective Care
		Safe Care□ Better Health and Wellbeing ☑ Use of Information□
		Workforce Use of Resources Governance, Leadership and Management
	KPI Target	NSP 2013 Target: 8
	KPI Calculation	Numerator : The number of designated Airports (3) and Seaports (5) which received an IHR audit. The data is expressed as a number of audits.
6	Data Source	The data is recorded in the local PEHO activity report which is collated regionally and nationally each quarter.
	Data Completeness	The data is complete for the specific offices to which the data applies and there are no quality issues.
	Data Quality Issues	
7	Data Collection	□Daily □Weekly □Monthly ☑ Quarterly □Bi-annually □Annually □Other – give details:
	Frequency	
8	Tracer Conditions	Only the designated ports and airports in Ireland under the International Health Regulations are included
9	Minimum Data Set	Audit numbers of 8 designated ports and airports
10	International Comparison	This metric is to assess compliance with a WHO legal requirement.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly □Quarterly ☑ Bi-annually □Annually □Other
		Please indicate who is responsible for monitoring this KPI: PEHO and RCEHO
12	KPI Reporting Frequency	Daily Dweekly Monthly Quarterly ØBi-annually Annually Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	□National □Regional □LHO Area □Hospital □ County □Institution ☑Other – give details: PEHO office level.
15	KPI is reported in which	□ Corporate Plan Report ☑ Performance Report (NSP/CBP) □CompStat □Other – give details:
	reports ?	
	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
	Additional Information	
	act details for Data	Mary Keane, Regional Chief Environmental Health Officer - South, HSE, Tel: 059 9136582, mary.keane1@hse.ie
	ager / Specialist Lead onal Lead / Directorate	Gavin Maguire, Assistant National Director, Environmental health and Emergency Planning, Email:
		gavin.maguire@hse.ie Dora Hennessy, Principal Officer, Department of Health, Tel: 01 635 4332

1	KPI Title	The number of PCTs who have completed, at a minimum, Step 1 of a Community Healtth Needs Assessment (CHNA)
1	KPI IItie	
2	KPI Description	CHNA is a 6 step HSE planning tool that enables services to make the decisions needed to prioritise resources towards addressing health inequalities. It is linked to planning cycles and ensures that agreed action takes place & incorporated into policy, plans and practice. The tool will explicitly incorporate a health inequalities focus. The full needs assessment is only done once all 6 stages have been completed. The National Primary Care Office Resource Pack: Community Health Needs Assessment in Primary Care. Version 4. March 2011 (HSE 2011) can be downloaded (refer to Section 17
	KPI Rationale	Appropriate and timely use of primary carel services can help to identify and treat disease at an early stage. In terms of Access, Treatment & Outcomes, lower income & marginalized groups or groups with greater health needs can disproportionately experience for e.g. Barriers in accessing health care; Lower rates of prevention and screening; Equal or lower rates of specialist services, surgical procedures and diagnostic procedures; Different treatment, medication, referrals The measurement of inequalities is critical in order to be able to understand the problem and assess the impact of action required (WHO, 2008). The development and implementation of national healthcare standards will be an important driver in this regard. The vision for quality and safety in Irish health care, as laid out in, for example, the HIQA National Standards for Safer Better Healthcare, the HSE Health Inequalites Framework, the Health Promotion Strategic Framework include dimensions such as patient centredness, equity, effectiveness, efficiency and promoting The health equity audit process will strengthen the HSE's ability to measure and address health inequalities in primary care.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
		Person Centred Care
		Safe Care ☐ Better Health and Wellbeing ☑Use of Information ☐ Workforce ☐Use of Resources ☐Governance, Leadership and Management □
4	KPI Target	In 2013 20 PCTs will have completed, at a minimum, Step1 of a CHNA
5	KPI Calculation	The number of PCTs who have completed, at a minimum, Step1 of a CHNA
6	Data Source	CSO data; HealthStat; Relevant RDO/LHO level reports/audits; PCT level data - including GP data; local health service
	Data Completeness	access/utilisation figures; local health service provision data; hospital outpatient data; data from local
	Data Quality Issues	statutory/community/voluntary bodies
_		
7	Data Collection Frequency	□Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	An area assessment that will profile information to inform the PCT of the state of health and social care needs of the population - especially to address the health inequalities that are known to exist at PCT level - especially amongst lowe income and marginalised groups in terms of health service access/treatment/otucomes, other services, transport, education, housing, sanitation etc Each PCT will complete: 1. A Demography Profile; 2. A Health Status Profile; 3. A Profile of Health and Social Services available in the community; 4. A Profile of other public services within the community & 5. A Profile of all other services including voluntary services within the community
9	Minimum Data Set	The completed profiles will indicate areas where health inequalities are likely to exist and will require further analysis - f example lower breastfeeding rates by lower income women and travellers; lower uptake of screening programmes by medical card holders; adults with limited literacy skills are less likely to take part in prevention programmes, know about their illness and medicines or have their chronic illness under control. Successful completion of Stage 1 of the CHNA w involve: 1. Approval from PCT management to proceed with Stage 1 of the CHNA. 2. Completion of the HSE Health Inequalities Training programme by key staff involved in the CHNA 3. Staff member appointed to co-ordinate the work 4 Put in place a community stakeholder mechanism 5. Dimension(s) of equity agreed - for example, socio-economic status, age, geographic location etc 6. Partner(s) identified to assist in conducting the profiles e.g. university/nstitute of ITechnology/researcher
10	International Comparison	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: Eddie Ward
12	KPI Reporting Frequency	
13	KPI report period	Daily □Weekly □Monthly □Quarterly ☑Bi-annually □Annually □Other – give details: Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 6 month period)
14	KPI Reporting Aggregation	☑ National ☑ Regional ☑ LHO Area □ Hospital □ County □ Institution □Other – give details:
15	KPI is reported in which	☑ Corporate Plan Report Performance Report (NSP/CBP) □CompStat □Other – give details:
_	reports ?	
16	Web link to data	www.hse.ie
	Additional Information	The National Primary Care Office Resource Pack: Community Health Needs Assessment in Primary Care. Version 4. March 2011 (HSE 2011) and other relevant documentation can be accessed at: http://hsenet.hse.ie/HSE_Central/IntegratedServices/PerformanceandFinancialManagement/AcutePrimaryandCommun

Contact details for Data	Eddie Ward e-mail: eddie.ward@hse.ie tel: (043) 334-2031, Brian Neeson e-mail: brian.neeson@hse.ie tel: (061) 483257
Manager / Specialist Lead	
National Lead and Directorate	Dr Kevin Kelliher, Health Protection, Integrated Services Directorate, 061 483347

1	KPI Title	The number of hospitals who have completed, at a minimum, Stage 1 of the 6 stage Health Equity Audit (HEA)
2	KPI Description	HEA is a 'looping' 6 stage HSE planning tool that enables services to make the decisions needed to prioritise resource towards addressing health inequalities. it is linked to planning cycles and ensures that agreed action takes place & incorporated into policy, plans and practice. The full audit is only done once all 6 stages of the HEA have been completed The HSE Health Equity Audit Guide, 2011 is available to download (refer to Section 17)
3	KPI Rationale	Appropriate and timely use of hospital services can help to identify and treat disease at an early stage. In terms of Access, Treatment & Outcomes, lower income & marginalized groups or groups with greater health needs can disproportionately experience for e.g. Barriers in accessing health care; Lower rates of prevention and screening; Equa or lower rates of specialist services, surgical procedures and diagnostic procedures; Different treatment, medication, referrals The measurement of inequalities is critical in order to be able to understand the problem and assess the impa of action required (WHO, 2008). The development and implementation of national healthcare standards will be an important driver in this regard. The vision for quality and safety in Irish health care, as laid out in, for example, the HIQ/ National Standards for Safer Better Healthcare, the HSE Health Inequalities Framework, the Health Promotion Strategi Framework include dimensions such as patient centredness, equity, effectiveness, efficiency and promoting The healt equity audit process will strengthen the HSE's ability to measure and address health inequalities within hospitals.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
		Safe Care Better Health and Wellbeing Use of Information
4	KPI Target	Workforce⊡Use of Resources⊡Governance, Leadership and Management □ In 2013 5 hospitals will have completed, at a minimum, Stage 1 of a health equity audit
4 5	KPI Target KPI Calculation	
э 6	Data Source	The number of hospitals who have completed, at a minimum, Stage 1 of a Health Equity Audit (HEA)+C51
0	Data Source Data Completeness	Source data may include: CSO data; HealthStat; Hospital In-Patient Enquiry Scheme; National Perinatal Reporting
	1	System; Relevant regional/local reports/audits
7	Data Quality Issues	Daily Weakly Marthly Zovartady Di annually Dother aive datailer
7	Data Collection Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
8	Tracer Conditions	Each hospital will 1. identify the factors driving health inequalities in their own hospital in regard to an issue(s) with highest impact eg cancer, CHD & ante-natal care attendance and the partners with expertise needed to work with then (e.g.migrant/traveller representative groups. 2. Identify the dimension of inequality to be audited, eg age, socio- economic group, ethnicity, gender & sexual orientation
9	Minimum Data Set	1. Approval from hospital management to proceed with Stage 1 of the HEA. 2. Completion of the HSE Health
		Inequalities Training programme by key staff involved in the audit 3. Staff member appointed to co-ordinate the work 3
		Problem/issue identified - for e.g. the need to address the high numbers of DNAs in outpatient clinics by groups in lowe
		socio-economic groups, the need to address the high number of ethnic minority women not accessing ante-natal care
10	International Comparison	In England, health equity audit is a mandatory planning requirement to ensure that hospital plans for health and development prioritize those with greatest needs. HEA is used here to identify how fairly services or other resources ar distributed in relation to the health needs of different groups and areas, and what the priority actions are to provide services relative to need For further information log on to http://www.dh.gov.uk/en/index.html
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: Eddie Ward
12	KPI Reporting Frequency	· · · · · ·
		□Daily □Weekly □Monthly □Quarterly ☑Bi-annually □Annually □Other – give details:
13	KPI report period	 Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 6 month period)
14	KPI Reporting Aggregation	ØNational
15	KPI is reported in which reports ?	Corporate Plan Report Performance Report (NSP/CBP) □CompStat □Other – give details:
16	Web link to data	www.hse.ie
17	Additional Information	The HSE Health Equity Audit Guide (2011) and other relevant documentation can be accessed at: http://hsenet.hse.ie/HSE_Central/IntegratedServices/PerformanceandFinancialManagement/AcutePrimaryandCommu
	le sé diséctio é a D. é	<u>yCare/HealthPromotion/equityaudit.html</u>
	tact details for Data ager / Specialist Lead	Eddie Ward e-mail: eddie.ward@hse.ie tel: (043) 334-2031, Brian Neeson e-mail: brian.neeson@hse.ie tel: (061) 4832
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1	KPI Title	Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used
	KPI Description	Number of MRSA blood stream infections reported via EARS-Net per 1000 bed days used per quarter for each acute hospital. MRSA blood stream infections as a % of all Staphylococcus aureus (S.Aureus) infection in hospitals. MRSA: Meicillin-resistant Staphylococcus aureus (MRSA) is a type (strain) of staph bacteria that does not respond t some antibiotics that are commonly used to treat staph infections. The following data are included in each report: • The number of S. aureus isolates, including the number of MRSA isolates. • The percentage MRSA • The S. aureus and MRSA rates per 1,000 bed-days used Bed Days Used: This is based on the average number of available acute in-patient beds during the previous month, and not on the total bed capacity of a hospital. It does not include long-stay or day case (including dialysis) bed use,
3	KPI Rationale	but does include acute psychiatric bed use. To indicate progress towards the goal of reducing MRSA in acute settings against the National target setting within t
-		"Say No to Infection Strategy".
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases yo may need to choose two). □Person Centred Care □Effective Care
		Safe Care⊠ Better Health and Wellbeing □Use of Information□
		Workforce Use of Resources Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: <0.060 per 1,000 bed days used.
5	KPI Calculation	Under the case definition for EARSS, data are collected on the first bloodstream isolate of S. aureus per patient per quarter. The following data are included in each report: • The number of S. aureus isolates, including the number of MRSA isolates. • The percentage MRSA • The S. aureus and MRSA rates per 1,000 bed-days used
		Denominator: the beddays used.
6	Data Source	Rate of MRSA comes from microbiology laboratories in acute hospitals and information on bed days used is provide by the HSE BIU acute Unit.
	Data Completeness	100% participation by hospital laboratories
	Data Quality Issues	Does not distinguish between true bloodstream infections and blood culture contaminants. Does not indicate where bloodstream infections were acquired (community, reporting hospital or other heathcare setting).
7	Data Collection Frequency	Daily DWeekly Monthly Quarterly Bi-annually Annually Other
8 9	Tracer Conditions Minimum Data Set	Patients demographic details as well as EARs-net core data reference www.HPSC.ie Quarterly data supply from Hospital Microbiology laboratories as per EARS-Net protocol, the European Antimicrobia Resistance Surveillance Network (EARS-Net) collects information on antibiotic resistance of bacteria causing invasiv infection.
10	International Comparison	Yes, European surveillance system: data can be compared with results from other participating countries
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly ☑Quarterly □Bi-annually □Annually □Other Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	□Daily □Weekly □Monthly
	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period)
14	KPI Reporting	☑National □Regional □ LHO Area ☑ Hospital
15	Aggregation KPI is reported in which	□ County □ Institution □Other – give details: □ Corporate Plan Report ☑Performance Report (NSP/CBP) ☑CompStat □Other – give details:
16	reports ? Web link to data	http://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/EuropeanAntimicrobial
		ResistanceSurveillanceSystemEARSS/EARSSSurveillanceReports/
	Additional Information	
	act details for Data	Dr. Robert Cunney, HPSC robert.cunney@hse.ie Tel: 01 8765300
vatio	nal Lead and Directorate	Dr. Philip Crowley, National Director Quality and Patient Safety Tel: 01 635 2038

diarhea and other intestinal disease when competing bacteria in the gut flora have been wiped out by antibiotics. Bed Days Used: This is based on the average number of available acute in-patient beds during the previous mori and not on the total bed capacity of a hospital. It does not include long-stay or day case (including dialysis) bed u but does include acute psychiatric bed use. 3 KPI Rationale C. difficile is a potentially preventable healthcare associated infection that causes significant morbidity and morfal has caused a number of significant outbreaks in hospitals and long term care facilities. Rates are linked to antibic prescribing patterns and adherence with infection prevention and control procedures. Indicator Classification Please tick which indicator Classification this indicator applies to, ideally choose one classification (in some case may need to choose two). Descent Care Stafe Care/D Befare Healt math and Welbling Dues of Information 4 KPI Target NSP 2013 Target: <2.5 5 KPI Calculation Numerator data: 10.000 bed days used 6 Data Completeness Data provided by acute hospitals (microbiologists, infection control nurses, surveillance & laboratory scientists) to HPSC on a quarterly basis. 7 Data Collection DDaily Wenkloraca LQuarterly Disanually DAnnually Other – give details: Frequency 8 Tracer Conditions Antibolic consumption rates in hospitals Minimum Data <	00		Corporates): Health Care Associated Infection (HCAI)
Clostridium difficie: or "C. diff. is a species of Gram-positive backrie in the gut fora have been wiped out by antibiotics. Bed Days Used: This is based on the average number of available acute in-patient beds duing the previous mon and not on the total bed capacity of a hospital. It does not include long-stay or day case (including dialysis) bed u but does include acute psychiatric bed use. 3 KPI Rationale C. difficile is a potentially preventable healthcare associated infection that causes significant morbidity and mortal has caused a number of significant outbreaks in hospitals and long term care facilities. Rates are linked to antibic prescribing patterns and adherence with infection prevention and control procedures. Indicator Classification Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some case: may need to choose two). UPerson Centred Care Elefetive Care Safe Care@ Better Health and Wellbeing Use of Information. Workforce@Use of Resources@Covernance, Leadership and Management. 4 KPI Target NSP 2013 Target. <2,5	1	KPI Title	Rate of new cases of Clostridium difficile associated diarrhoea in acute hospitals per 10,000 bed days used
has caused a number of significant outbreaks in hospitals and long term care facilities. Rates are linked to antibic prescribing patterns and adherence with infection prevention and control procedures. Indicator Classification Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases may need to choose two). Person Centred Care ZEffective Care WorkforceUse of ResourcesDovernance, Leadership and ManagementD KPI Target NSP 2013 Target: 2.5 KPI Calculation Numerator data: New cases of Clostidium difficile associated diarrhoea in acute hospitals as per national case definition. Deta Source Data Completeness Data Collection Data provided by acute hospitals (microbiologists, infection control nurses, surveillance & laboratory scientists) to Data Collection Tabat Collection Data provided by acute hospitals Pata Collection Data Very basis. 10 International Comparison National case definition identical to EU and US case definitions therefore comparable with countries that use thes case definitions. 11 KPI Reporting Frequency 12 KPI Reporting Frequency 13 KPI report period 14 KPI Reporting Frequency 14 KPI Reporting Frequency 15 KPI report per	2	KPI Description	Clostridium difficile: or "C. diff", is a species of Gram-positive bacteria of the genus Clostridium that causes severe diarrhea and other intestinal disease when competing bacteria in the gut flora have been wiped out by antibiotics. Bed Days Used: This is based on the average number of available acute in-patient beds during the previous month, and not on the total bed capacity of a hospital. It does not include long-stay or day case (including dialysis) bed use,
may need to choose two). Dereson Centred Care Defective Care Safe Care@ Better Health and Wellbeing DUse of Information 4 KPI Target NSP 2013 Target: <2.5	3	KPI Rationale	C. difficile is a potentially preventable healthcare associated infection that causes significant morbidity and mortality. has caused a number of significant outbreaks in hospitals and long term care facilities. Rates are linked to antibiotic prescribing patterns and adherence with infection prevention and control procedures.
Workforce□Use of Resources□Governance, Leadership and Management□ 4 KPI Target NSP 2013 Target: <2.5 5 KPI Calculation Numerator data: New cases of Clostridium difficile associated diarrhoea in acute hospitals as per national case definition. Denominator data: 10.000 bed days used 6 Data Source Data provided by acute hospitals (microbiologists, infection control nurses, surveillance & laboratory scientists) to HPSC on a quarterly basis. 7 Data Collection Dalaily □Weekly □Monthly ⊠Quarterly Biannually □Annually □Other – give details: 8 Tracer Conditions Antibiotic consumption rates in hospitals 9 Minimum Data Set Protocol www.hpsc.ie 10 International Comparison National case definition identical to EU and US case definitions therefore comparable with countries that use thes case definitions. 11 KPI Monitoring KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly ☑Quarterly □Bi-annually □ Annually □ Other – please indicate who is responsible for monitoring this KPI: Hospital Managers 12 KPI Reporting Frequency □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Ann		Indicator Classification	
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Data Completeness Data provided by acute nospitals (microbiologists, infection control nurses, surveillance & laboratory scientists) to Data Quality Issues HPSC on a quarterly basis. 7 Data Collection Daily Weekly Monthly Annually Annually Other – give details: 8 Tracer Conditions Antibiotic consumption rates in hospitals 9 Minimum Data Set Protocol www.hpsc.ie 10 International Comparison National case definition identical to EU and US case definitions therefore comparable with countries that use thes case definitions. 11 KPI Monitoring KPI will be monitored on a (please indicate below) basis: IDaily Weekly Monthly Quarterly Bi-annually Annually Other – please indicate who is responsible for monitoring this KPI: Hospital Managers 12 KPI Reporting Frequency IDaily Weekly Monthly Quarterly Bi-annually Annually Other – give details: 13 KPI report period IDCurrent (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) IMonthly in arrears (June data reported in guarter 2) IRolling 12 months (previous 12 month period) 14 KPI Reporting Mational Regional <td>5</td> <td>KPI Calculation</td> <td>definition.</td>	5	KPI Calculation	definition.
Data Completeness HPSC on a quarterly basis. 7 Data Quality Issues 7 Data Collection Frequency Data Set 9 Minimum Data Set 9 Note of the set of the	6	Data Source	Data provided by courte begotiate (microbiologista, infection control pyrace, cypycillance & laboratory ecientista) to
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Aggregation □ County □ Institution □Other – give details: 15 KPI is reported in which reports ? □ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☑ CompStat □Other – give details: 16 Web link to data http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Clostridiumdifficile/CdifficileSurveillance/ 17 Additional Information As reported in the Performance Report Contact details for Data Dr Karen Burns, karen.burns1@hse.ie & Dr Fiona Roche, fionamary.roche@hse.ie Tel: 01 8765300	13	KPI report period	□Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) □Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2)
15 KPI is reported in which reports? □ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☑ CompStat □Other – give details: 16 Web link to data http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Clostridiumdifficile/CdifficileSurveillance/ 17 Additional Information As reported in the Performance Report Contact details for Data Dr Karen Burns, karen.burns1@hse.ie & Dr Fiona Roche, fionamary.roche@hse.ie Tel: 01 8765300	14		-
16 Web link to data http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Clostridiumdifficile/CdifficileSurveillance/ 17 Additional Information As reported in the Performance Report Contact details for Data Dr Karen Burns, karen.burns1@hse.ie & Dr Fiona Roche, fionamary.roche@hse.ie Tel: 01 8765300	15	KPI is reported in which	
17 Additional Information As reported in the Performance Report Contact details for Data Dr Karen Burns, karen.burns1@hse.ie & Dr Fiona Roche, fionamary.roche@hse.ie Tel: 01 8765300	16		http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Clostridiumdifficile/CdifficileSurveillance/
Contact details for Data Dr Karen Burns, karen.burns1@hse.ie & Dr Fiona Roche, fionamary.roche@hse.ie Tel: 01 8765300			
			Dr. Philip Crowley, National Director Quality and Patient Safety Tel: 01 635 2038

2 KPI Description The total antibiotic consum Rate: Bed Days Used: This is ba and not on the total bed ca but does include acute psy 3 KPI Rationale Indicator Classification Please tick which Indicator	otic consumption rate (DDD per 100 bed days used) per hospital ption rate (defined daily dose per 100 bed days) per hospital Antibiotic Consumptio ased on the average number of available acute in-patient beds during the previous month, pacity of a hospital. It does not include long-stay or day case (including dialysis) bed use,
2 KPI Description The total antibiotic consum Rate: Bed Days Used: This is ba and not on the total bed ca but does include acute psy 3 KPI Rationale Indicator Classification Please tick which Indicator	ption rate (defined daily dose per 100 bed days) per hospital Antibiotic Consumption ased on the average number of available acute in-patient beds during the previous month, pacity of a hospital. It does not include long-stay or day case (including dialysis) bed use, chiatric bed use. s a risk factor for antimicrobial resistance, and for MRSA and <i>C. difficile</i> infection rates. Ints a major cost for hospitals
Rate: Bed Days Used: This is ba and not on the total bed ca but does include acute psy 3 KPI Rationale Indicator Classification Please tick which Indicator	ased on the average number of available acute in-patient beds during the previous month, pacity of a hospital. It does not include long-stay or day case (including dialysis) bed use, chiatric bed use. s a risk factor for antimicrobial resistance, and for MRSA and <i>C. difficile</i> infection rates. nts a major cost for hospitals
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3 KPI Rationale Antibiotic use in hospitals is Antibiotic use also represent Indicator Classification Please tick which Indicator	s a risk factor for antimicrobial resistance, and for MRSA and <i>C. difficile</i> infection rates. nts a major cost for hospitals
Antibiotic use also represer Indicator Classification Please tick which Indicator	nts a major cost for hospitals
	Classification this indicator applies to, ideally choose one classification (in some cases you
may need to choose two).	
Person Centred Care	☑Effective Care
	alth and Wellbeing □Use of Information□
	esources Governance, Leadership and Management
4 KPI Target NSP 2013 Target: 83.7	, , , , , , , , , , , , , , , , , , ,
5 KPI Calculation The principle measure of a	ntibiotic consumption for each hospital is the inpatient antibiotic consumption rate, d aily dose) per 100 bed days used.
6 Data Source Hospital Pharmacies to HP	
Data Completeness Data provided by 95% of acute	hospitals
	ption level data. Does not indicate appropriateness of antibiotic use (some hospitals may
have a high level of antibio	tic use that is appropriate to their patient population. Some hospital pharmacies are unable of an appropriate IT system.
7 Data Collection Daily DWeekly	IMonthly □Quarterly ☑Bi-annually □Annually □Other – give details:
Frequency	
8 Tracer Conditions Antibiotic consumption rate	
9 Minimum Data Set Protocol www.hpsc.ie	
countries	otion data collected as part of ESAC-Net: data comparible with other participating Europea
_	(please indicate below) basis:
	onthly DQuarterly D Bi-annually Annually Other
	oonsible for monitoring this KPI: Hospital Managers/ Pharmacists
12 KPI Reporting Frequency	lonthly
	reported on that same day of activity, monthly data reported within the same month of
	dete reported in July)
☐Monthly in arrears (June ⊠Biannual	udia reported in July)
Control C	ious 12 month pariod)
14 KPI Reporting ØNational ØRegional	
Aggregation	•
	ØPerformance Report (NSP/CBP) □CompStat □Other – give details:
reports	
16 Web link to data http://www.hpsc.ie/hpsc/A-	Z/MicrobiologyAntimicrobialResistance/EuropeanSurveillanceof
AntimicrobialConsumption	ESAC/SurveillanceReports/
17 Additional Information Reports on hospital antibio	tic consumption for participating European countries available at www.ecdc.eu
	robert.cunney@hse.ie Tel: 01 8765300
	I Director Quality and Patient Safety Tel: 01 635 2038 y Chief Medical Officer, Dept. of Health, Tel: 635 4025

Gov	vernance (QPS and	Corporates): Health Care Associated Infection (HCAI)
1	KPI Title	Alcohol Hand Rub consumption (litres per 1,000 bed days used)
2	KPI Description	This is the volume of alcohol rub used by hospitals, which is an acceptable method of assessing hand hygiene compliance. It is expressed as volume (in litres) per 1000 beddays used in the hospital. It excludes alcohol rub that is used for pre-operative surgical 'scrub'. Bed Days Used: This is based on the average number of available acute in-patient beds during the previous month, and not on the total bed capacity of a hospital. It does not include long-stay or day case (including dialysis) bed use, but does include acute psychiatric bed use.
3	KPI Rationale	Alcohol based hand rubs are recommended as a primary means of hand hygiene in the Irish national guidelines. Measurement of alcohol hand rub consumption is a process indicator for hand hygiene compliance.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care Safe Care ■Etter Health and Wellbeing □Use of Information□
		Workforce□Use of Resources□Governance, Leadership and Management□
4	KPI Target	NSP 2013 Target: 25 Litres per 1,000 bed days used
5	KPI Calculation	The rate of usage per hospital is calculated as per the total volume of hand rub consumed in litres per 1000 bed days used. This is measured quarterly and annually. Hospital activity data, bed days used are obtained from the Performance Management Unit of the HSE and is used to calculate the rate per hospital and expressed as litres/1000 bed days used.
6	Data Source	Hospital pharmacies and supplies departments (reporting to HPSC)
	Data Completeness	Reported by all acute hospitals
	Data Quality Issues	Does not distinguish between staff, patient and visitor use of alcohol hand gel. Hospitals reporting via supplies departments may have artificially high rates of use, due to batch delivery of supplies.
7	Data Collection Frequency	Daily DWeekly DMonthly Quarterly Bi-annually DAnnually Other – give details:
8	Tracer Conditions	Alcohol Hand Rub consumption
9	Minimum Data Set	Protocol www.hpsc.ie
10	International Comparison	Internationally recognised process indicator, allowing direct comparison with data from other countries.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly ☑ Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Managers
12	KPI Reporting Frequency	□Daily □Weekly □Monthly □Quarterly ☑ Bi-annually □Annually □Other – give details:
	KPI report period	□Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) □Monthly in arrears (June data reported in July) ☑ Biannually □Rolling 12 months (previous 12 month period)
14	KPI Reporting	☑ National ☑ Regional □ LHO Area ☑ Hospital
	Aggregation	County Institution Other – give details:
15	KPI is reported in which reports ?	□ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☑ CompStat □Other – give details:
16	Web link to data	http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/AlcoholHandRubConsumptionSurveillance/
	Additional Information	
	act details for Data	Dr. Robert Cunney, HPSC robert.cunney@hse.ie Tel: 01 8765300
-	nal Lead and Directorate	Dr. Philip Crowley, National Director Quality and Patient Safety Tel: 01 635 2038
		Dr. Eibhlin Connolly, Deputy Chief Medical Officer, Dept. of Health, Tel: 635 4025

Gov	vernance (QPS and	Corporates): Health Care Associated Infection (HCAI)
4		0/ compliance of beautal staff with the Warld Lighth Organization's (MLO) 5 memory of band burians weing the
1	KPI Title	% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool
2	KPI Description	Compliance of hospital staff with the World Health Organisations (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool. % compliance by healthcare staff with WHO 5 moments of hand hygiene: 7 wards be audited, 30 hand hygiene opportunities per ward and 210 opportunities per hospital. Procedure outlined in nation protocol (http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/AuditTools/File,12660,en.pdf)
3	KPI Rationale	Hand hygiene is one of the most effective means of reducing healthcare associated infection (HCAI). However, compliance by healthcare workers with recommended hand hygiene frequencies and techniques has been reported a suboptimal. WHO recommends direct observation (hand hygiene audit) as the gold standard of measuring adherence to hand hygiene guidelines.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases yo may need to choose two).
		Safe Care Better Health and Wellbeing Use of Information
		Workforce□Use of Resources□Governance, Leadership and Management□
4	KPI Target	NSP 2013 Target: 90%
5	KPI Calculation	Count
6	Data Source	Observational audit of hand hygiene compliance by healthcare staff in hospitals. National lead auditors trained and validated at national training sessions conduct audit.
	Data Completeness	Complete reporting by all acute hospitals.
	Data Quality Issues	No external validation of oberservational audits: risk obererver bias and "Hawthorne" effect
7	Data Collection Frequency	Daily DWeekly DMonthly DQuarterly ØBi-annually DAnnually DOther – give details:
8	Tracer Conditions	Alcohol hand rub usage in hosptials, Clostridium Difficle and MRSA Rates
9	Minimum Data Set	Compliance with WHO 5 moments of hand hygiene
10	International Comparison	Broad comparisons can be made with other countries that use WHO methodology, however the exact method use to collect the data (sample size, auditor) varies from country to country
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly □Quarterly ☑ Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Managers
12	KPI Reporting Frequency	□Daily □Weekly □Monthly □Quarterly ☑Bi-annually □Annually □Other – give details:
	KPI report period	□Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) ☑ Biannual
14	KPI Reporting	☑National ☑ Regional □ LHO Area ☑ Hospital
	Aggregation	County Institution Other – give details:
15	KPI is reported in which reports	□ Corporate Plan Report ØPerformance Report (NSP/CBP) □CompStat □Other – give details:
16	Web link to data	http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/
	Additional Information	
	act details for Data	Ms Sheila Donlon, HPSC sheila.donlon1@hse.ie Tel: 01 8765300
National Lead and Directorate		Dr. Philip Crowley, National Director Quality and Patient Safety Tel: 01 635 2038
		Dr. Eibhlin Connolly, Deputy Chief Medical Officer, Dept. of Health, Tel: 635 4025

Go	vernance (QPS and	Corporates): Health Care Associated Infection: Antibiotic Consumption
4	KPI Title	Consumption of antibiotics in community settings (defined daily doses per 1,000 inhabitants per day)
2	KPI Description	
2	KPI Rationale	Consumption of antibiotics in ambulatory (non-hospital) settings Community antibiotic use is strongly linked to antimicrobial resistance, which is a major public health threat.
3	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you
		may need to choose two). □Person Centred Care ✓Effective Care
		Safe Care ✓ Better Health and Wellbeing □Use of Information□
		Workforce Use of Resources V Governance, Leadership and Management
4	KPI Target	NSP 2013 target:23
5	KPI Calculation	Monthly rate reported as defined daily doses (DDD) per 1,000 population per day (DID)
3	A roaculation	Numerator data: Aggregate data on wholesale supply of systemic antimicrobials to community pharmacies, purchased
		from IMS Health Inc. (Accounts for at least 95% of commu
6	Data Source	Since March 2007 the Health Protection Surveillance Centre (HPSC) has been co-ordinating the publication of data
v	Data Oource	relating to antimicrobial consumption for acute public hospitals in Ireland.
	Data Completeness	100% complete
	Data Quality Issues	Does not represent prescription level data
7	Data Collection	□Daily □Weekly ✓Monthly □Quarterly □Bi-annually □Annually □Other – give details:
· ·	Frequency	
8	Tracer Conditions	Rates of penicillin and macrolide resistance among invasive strains of Streptococcus pneumoniae (EARS-Net data,
Ĩ		via HPSC)
9	Minimum Data Set	Quarterly data supply from IMS Health
-	International Comparison	Uses WHO-approved methodology. Part of Europe-wide standardised surveillance programme (European
	international opinparioon	Surveillance of Antimicrobial Consumption (ESAC) network). National data from all participating European countries
		available for comparison.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
		□Daily □Weekly □ Monthly □Quarterly ✓Bi-annually □Annually □Other – give details:
		Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	
		Daily Weekly Monthly Quarterly VBi-annually Annually Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of
		activity)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		✓ Bi-annually
14	KPI Reporting	✓ National ✓ Regional ✓ LHO Area
	Aggregation	✓ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which	□ Corporate Plan Report ✓ Performance Report (NSP/CBP) □CompStat □Other – give details:
	reports ?	
16	Web link to data	
		http://www.hpsc.ie/hpsc/A-
		Z/MicrobiologyAntimicrobialResistance/EuropeanSurveillanceofAntimicrobialConsumptionESAC/SurveillanceReports/
17	Additional Information	Reports on community antibiotic consumption for participating European countries available at www.ecdc.eu
Cart	ant dataile for Data	Dr. Dahart Curpay, HDCC report suppov@bas is Tak 01 0765200 / Dr. Kavin Kallahar, AND, Haalth Data shar, Tak
	act details for Data	Dr. Robert Cunney, HPSC robert.cunney@hse.ie Tel: 01 8765300 / Dr. Kevin Kelleher, AND, Health Protection, Tel:
	ager / Specialist Lead	061 483347
Natio	onal Lead and Directorate	Dr. Philip Crowley, National Director Quality and Patient Safety Tel: 01 635 2038
1		Dr. Eibhlin Connolly, Deputy Chief Medical Officer, Dept. of Health, Tel: 01 635 4025